RELAXATION AND NATURAL CHILDBIRTH[1]

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The Physiotherapist's Part in Childbirth

On the first page of the book by Helen Heardman, the famous physiotherapist, appear the words:

"One truth we gain from living
through the years,
Fear brings more pain than does
the pain it fears."

This is the foundation upon which all our treatment is based—the removal of fear.

Our work is aimed at restoring some of the human factors to child bearing. These have been lost to western civilization over the last centuries by reason of the rapid growth of research. The principles we advocate were no more than normal procedure in the fifteenth century, along with accurate education and mild, safe drugs, and are, in the main, unconsciously followed today by all primitive peoples. Our teams attempt to restate the values of the distant past now allied with the knowledge and experience of the immediate past.

The key member of the team is the doctor. Without his enthusiasm and insistence the patient would consider attendance at prenatal classes pointless and time-wasting. Many obstetricians now realize

[1] Read at a meeting of the Tasmanian Branch of the Australian Physiotherapy Association on December 1, 1954, at the Royal Hobart Hospital.

that a trained mother *cooperates* in her labour and is no longer just a reproductive body, but the most important person present. On her regular monthly prenatal visits the enquiry "have you been doing your exercises?" helps to emphasize the importance of these exercises.

It may well be asked what part does the physiotherapist play in this training.

Physiotherapists endeavour to remove fear from the mother's mind by advice: "Do not listen to what anyone else tells you. Ask the doctor, the physiotherapist, or the sister for the truth."

Possibly the original expression "old wives' tale" referred to exaggerated and inaccurate descriptions of childbirth. The Bible, films, and other literature have all tended to build up a false atmosphere around the "travails" of childbirth, and these ideas are hard to eradicate.

We give warning that some pain is inevitable, but is made bearable by training in relaxation and the use of modern drugs. Some drugs are always used. The use of pethedene or potassium bromide and chloral hydrate in the transition stage; trilene, gas and oxygen, local anæsthetic to the perineum, and caudal anæsthesia in the second stage is general practice.

Training will never completely prevent difficulties arising in labour, but it will assist the mother to cope with these difficulties. Even if difficult labour culminates in a Cæsarean section, the trained mother usually has normal pulse, temperature, and blood pressure, and makes a rapid recovery.

The mother is told all the details of hospital procedure, such as enema, preparation, shower and other formalities.

Prenatal Exercises

After pregnancy is confirmed, the mother joins a class and begins the series of prenatal exercises. These are of such importance that to gain their optimal benefit they should be commenced within the first month of pregnancy.

In childbirth certain muscles are used which in everyday life are never called into action. The exercises are for the relief of backache due to bad posture, for the strengthening of abdominal and pelvic muscles, the stretching of the legs and pelvic joints, the development of muscles used in labour, and the maintenance of general health.

Description of Labour

With the help of the Birth Atlas we describe in detail the anatomy of the pelvis, the function of the uterus, bowel, and bladder, growth of the fœtus, the three stages of labour, and the appearance of the baby at birth. Labour is described in great detail with emphasis on relaxation and abdominal breathing in the first stage, whilst the cervix dilates and the uterine contractions force the baby downwards.

Abdominal breathing is most important during the transition stage, and some sedative such as pethedene is essential.

In the second stage we warn of the frequent need for an epiziotomy with the first baby, explaining that a tear is uncontrollable and may damage the sphincters of the bowel or bladder, whereas an epiziotomy will hasten the presentation of the head and is usually painless.

Very few complain of pain at this stage, and many brush aside the trilene or gas and oxygen. The mother is usually radiant on first sight of her baby and, later, feels tired and hungry, as though she had played a hard round of golf or tennis. She is too interested in the sight of her new baby to notice the expulsion of the placenta, although very often she appears to have a feeling of relief, looks down at her stomach, and is thrilled to find it flat again.

Conduct of Labour

Physiotherapists give instruction in the conduct of labour as simply as possible. The less the mother has to worry about, the easier it is for her.

Firstly, abdominal breathing is taught whilst lying on the back. Secondly, lying on the side, abdominal breathing, combined with relaxation, to be used during a contraction in the first stage (Figure I).

Posture may be altered. For example, an arm may be brought forward if uncomfortable, or she may lie on the opposite side or on the back between contractions. Emphasis

is laid on blowing out the abdomen with deep breaths during the transition stage, which is the most unpleasant time for the mother. Some cannot do this, but shallow breathing will help.

The expected events are described to the mothers: sometimes hiccoughing, shivering, occasionally vomiting, probably rupture of

Fig 1.—Position used in first stage of labour.

the membranes, and a strong urge to use the bowels are to be expected in the transition stage.

In the second stage (Figure II) they are instructed how to hold the breath and push down or bear down into the bowel, and, when necessary, how to gasp in a second

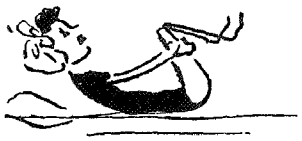

Fig. 2.—Position used in second stage of labour.

or third breath whilst maintaining the downward push. In the case of a primipara we advise not to push until the sister-in-charge tells the mother to do so. This exercise is not practised beforehand.

Panting. The mother is instructed to pant where it is desired, to slow down the presentation of the head or, in the case of a multipara, to enable her to reach the hospital.

Lastly, we pass on useful hints on general subjects during pregnancy, such as normal moderate exercises — golf, swimming, tennis, etc. (with the doctor's permission); suitable brassieres and preferably a prenatal belt to a corset; how to lift weights, do housework, hang out clothes, push a pram, and squatting, which is one of the earliest exercises and is also useful as a relief to constipation.

Diet. Here we reiterate the doctor's instructions and stress the importance of plenty of eggs, milk, fresh fruit, and vegetables, particularly leafy greens, meat, cheese, and liver. We explain that overweight may cause high blood pressure, albuminuria, eclampsia, and prematurity. The mother is more cooperative if she understands the reason for the instructions.

This is an outline of the technical aspects of the physiotherapist's task, but humour, confidence, and the competitive spirit are to be encouraged. For this reason we infinitely prefer classes to individual training. It helps to relax the mother mentally to be able to gossip with others in the same state over clothes, diet, and various symptoms.

Labour Ward Staff.

The most important people are the labour ward staff, because upon them depends the final result of our training. It is the result of our training on the mother's outlook and their experienced handling of her that make a success of the confinement.

Naturally, they know what we have taught the mother, and they can help her to relax by reminding her of deep abdominal breathing and relaxation; usually three or four long breaths will be sufficient for a contraction.

They can also encourage the mother in her most difficult stage, which is the transition stage. If time permits, rubbing the back is a great help. In the second stage they assist by describing to the mothers their progress and assisting and encouraging them in their pushing.

Sympathetic but firm guidance and a pat on the back on their accomplishment, provided all is well, always helps. If it is inevitable that the baby will arrive before the doctor, it shows that the birth is normal and no blame can be attached to the doctor. In a normal delivery there seems to be no advantage in holding the baby back unless by panting or the use of the various gases in preference to ether, so that the mother has the joy of seeing her baby born.

It should be remembered that mothers are supersensitive in labour, and kindness with firmness is essential. When the labour ward staff is trained in these methods the presence of a physiotherapist is unnecessary.

The Advantages of Relaxation.

1. A healthy, unafraid mother.

2. A shorter stay in the labour ward. In a normal primiparous case we have shortened the stay in labour ward by about one-half. The Royal Women's Hospital average has shortened by seven hours in the last three years.

3. Cooperation and interest in the mother.

4. Tremendous reduction in forceps deliveries. In some practices, where all mothers have attended classes, these have been cut to 5% in primiparæ.

5. Postnatal exercises commenced next day promote rapid recovery of health and figure — a very important matter to the mother, and a help in preventing prolapses.

6. A reasonably pleasant confinement means that the mother will be willing to have more children, which all contributes to the happiness of a home.

7. The father. The Royal Women's Hospital also runs a monthly class or, more accurately, monthly lectures for the fathers. They see the Birth Atlas and are encouraged to help their wives with the exercises and the diets and rest. In some hospitals they are permitted to be present at the birth of the babies, thus making it a family affair, as it once was and always should be.